

Top 10 Citations Ranking

As of June 30, 2000*

(Data from last standard survey for each LTC facility)

| Rank | Tag | Intent of Regulation |
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| 1 | F- 324 | Supervision to Prevent Accidents: §483.25(h)(2). The intent of this provision is that the facility identifies each resident at risk for accidents and/or falls, and adequately plans care and implements procedures to prevent accidents. An accident is any unexpected event that can cause a resident bodily harm. |
| 2 | F- 253 | Housekeeping and Maintenance: §483.15(h)(2). The intent of this requirement is to focus on the facility's responsibility to provide effective housekeeping and maintenance services. |
| 3 | F- 225 | Abuse investigation and report allegations: §483.13(c)(1)(ii) and (iii). The intent of the regulation is that a facility will not hire a potential employee with a history of abuse, if the information is known to the facility. A facility must report knowledge of actions by a court of law against an employee that indicates the employee is unfit for duty. The facility must report all alleged violations, conduct an investigation of all alleged violations, report to the proper authorities, including the state survey agency, and take necessary corrective actions. |
| 4 | F- 371 | Store, prepare, distribution, and serve foods under sanitary conditions. §483.35(h)(2). The intent of the regulation is to prevent the spread of food borne illness and reduce those practices, which result in food contamination and compromised food safety in nursing homes. Since food borne illness is often fatal to nursing home residents, it can and must be avoided. |
| 5 | F- 309 | Quality of Care: §483.25 The intent of the regulation is when the survey team determines there are quality of care deficiencies not covered by §483.25(a) - (m). |
| 6 | F- 514 | Clinical Records: §483.75(1)(1). The intent of the regulation is to assure that the facility maintains accurate, complete and organized clinical information about each resident that is accessible for resident care. |
| 7 | F-329 | Unnecessary Drugs: §483.25(1)(1). The intent of the regulation is that each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is one that is found to be given in excessive dose, duplication therapy, excessive duration, without adequate monitoring, without adequate indications or in the presence of adverse consequences which indicate the dose should be reduced or discontinued. |
| 8 | F-314 | Pressure Sores: §483.25(c). The intent of the regulation is that the resident who enters the facility without a pressure sore does not develop a pressure sore unless the individual's clinical condition demonstrates that they were unavoidable. If the resident is admitted with or develops a pressure sore, he or she receives care and treatment to heal and prevent further development of pressure sores. |

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| 9 | F-280 | Comprehensive Care Plans: §483.20(k)(2). The intent of the regulation is for the facility's interdisciplinary professional team and to the extent practical, the participation of the resident, the resident's family, or the resident's legal representative, will develop a comprehensive care plan within 7 days of the completion of the comprehensive assessment. In addition the care plan is to be reviewed and revised by the Interdisciplinary Team as the resident's status changes. |
| 10 | F-279 | Comprehensive Care Plan: §483.20(k). The intent of this regulation is that a facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. |